

SENATE BILL No. 531

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-18-2-9; IC 16-40-5.

Synopsis: Health care associated infections. Requires the state department of health to collect and report information on health care associated infections that occur in health care facilities and study the causes and prevention of health care associated infections. Requires the state department to establish a web site to make the data collected available to the public. Provides that information collected is confidential and may not be used in a civil court proceeding.

Effective: July 1, 2007.

Dillon, Lawson C

January 23, 2007, read first time and referred to Committee on Health and Provider Services.

C
o
p
y



Introduced

First Regular Session 115th General Assembly (2007)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2006 Regular Session of the General Assembly.

SENATE BILL No. 531

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-18-2-9 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 9. **(a) "Advisory**
3 **commission", for purposes of IC 16-40-5, has the meaning set forth**
4 **in IC 16-40-5-1.**

5 **(b) "Advisory commission", for purposes of IC 16-41-35, has the**
6 **meaning set forth in IC 16-41-35-2.**

7 SECTION 2. IC 16-40-5 IS ADDED TO THE INDIANA CODE AS
8 A **NEW CHAPTER** TO READ AS FOLLOWS [EFFECTIVE JULY
9 1, 2007]:

10 **Chapter 5. Health Care Associated Infection Reporting**

11 **Sec. 1. As used in this chapter, "advisory commission" refers to**
12 **the infection control advisory commission established by section 3**
13 **of this chapter.**

14 **Sec. 2. The department shall:**

- 15 **(1) collect and report information on health care associated**
16 **infections that occur in health care facilities; and**
17 **(2) study the causes and prevention of health care associated**



C
o
p
y

infections.

Sec. 3. (a) The infection control advisory commission is established.

(b) The commissioner shall appoint the members of the advisory commission. The advisory commission must have at least ten (10) members, all of whom must have experience in different disciplines in health care, including infection control and epidemiology:

(1) to:

(A) study; and

(B) devise methods for health care facilities to track and report;

the occurrence of health care associated infections; and

(2) to provide advice on other topics requested by the state department.

(c) Members of the advisory commission shall serve for a term of three (3) years.

(d) The commissioner, or the commissioner's designee, shall serve as chairperson of the advisory commission. The advisory commission shall meet at the call of the chairperson.

Sec. 4. (a) The state department, after consultation with the advisory commission, shall require the following:

(1) That standardized methods, including:

(A) techniques to find health care associated infections;

(B) definitions of health care associated infections; and

(C) risk adjustment strategies

be used for identifying and reporting health care associated infection data.

(2) That health care facilities report compliance with practices and methods recommended by the state department.

(b) The practices and methods recommended by the state department under subsection (a)(2) must demonstrate a reduced risk of health care associated infections. The recommended practices and methods must include practices and methods recommended by the Centers for Disease Control and Prevention (CDC), the CDC's National Healthcare Safety Network, the CDC's Healthcare Infection Control Practices Advisory Committee, and professional organizations specializing in the control of infectious diseases.

Sec. 5. A health care facility shall track health care associated infections and report health care associated infections to the state department in the manner determined by the state department.

Sec. 6. (a) The state department, after consulting with the

C
o
p
y



advisory commission, shall determine:

- (1) the types of infections surveyed and reported under section 5 of this chapter; and
- (2) how the data collected should be adjusted for the potential differences in infection risk for each reporting entity, taking into account such factors as case mix and the severity of the infections reported.

(b) When establishing the requirements under subsection (a), the state department shall:

- (1) consider both process and outcome measures as recommended by the Healthcare Infection Control Practices Advisory Committee and the National Quality Forum; and
- (2) select the validated measures likeliest to improve the subsequent delivery and outcomes of health care in Indiana.

Sec. 7. Data submitted under section 5 of this chapter must be aggregated by the reporting facility and reported without reference to specific patients. The state department, after consulting with the advisory commission, shall consider independently validating the institution specific process or outcome measures reported by the facility to the state department.

Sec. 8. The state department, after consulting the advisory commission, shall determine how the data collected from health care facilities under section 5 of this chapter will be publicly reported. Before publicly reporting the data collected under existing or proposed surveillance networks, the state department shall ensure that the surveillance network in question has endorsed or validated the measures selected under this section for the public reporting of data.

Sec. 9. The state department, in addition to health care facilities, may collect performance data and publish health care associated infection rates for other types of health facilities, including ambulatory outpatient surgical centers (as defined in IC 16-18-2-14) and oncology treatment centers.

Sec. 10. All medical record information reported to the state department under this chapter is confidential.

Sec. 11. Before July 1, 2009, the state department shall adopt rules establishing the following:

- (1) Standard methods and procedures for the collection, analysis, risk adjustment, and reporting of health care associated infection rates.
- (2) The types of infections and procedures to be monitored.
- (3) Standard methods and procedures for the collection,

C
o
p
y



analysis, and reporting of adherence rates to recommended practices.

Sec. 12. Before July 1, 2009, the state department shall establish an Internet web site to make the data collected by the state department under this chapter available to health care facilities in Indiana and to the public at large for the purpose of supporting quality improvement and infection control activities in the facilities. The web site must allow consumers, health care organizations, health care professionals, purchasers, and payers to examine an individual facility's reporting of health care associated infection trends and, if statewide or national data are available, to compare the information with statewide or national benchmarks.

Sec. 13. (a) The information obtained by the state department from health care facilities or other health care providers under this chapter is not public information.

(b) Reports and studies prepared by the state department based on information obtained by the state department under this chapter are public information and may identify individual health care entities. The state department may not release data in a form that could be used to identify a specific patient.

(c) Data collected and reported under this chapter does not establish a standard of care for the state and not may not be used in a civil court proceeding.

(d) Data reported under this chapter by a health care facility may not be used in a civil court proceeding brought against the facility.

Sec. 14. The state department shall adopt rules under IC 4-22-2 to implement this chapter.

C
o
p
y

